



Effectively manage your periodontal patients with patient-preferred, minimally-invasive therapy.

WaterLase**iPlus* 2.0

THE WATERLASE® ER,CR:YSGG PERIO REGIMEN

The first definitive step-by-step protocol for using an Er,Cr:YSGG laser to assist in the management of early, moderate and severe chronic periodontitis. It consists of three phases: pre-surgical, surgical and post-surgical.

PHASE I: PRE-SURGICAL PHASE

All patients should have a comprehensive periodontal examination/evaluation including data collection of periodontal charting and radiographs, medical and dental history, and risk assessment.

Phase I treatment is implemented for removal of supra- and subgingival biofilm and calculus through scaling and root planing (S/RP) and the initiation and evaluation of oral hygiene compliance. Occlusal assessment and treatment may be warranted in this phase. Splinting of teeth may be an option.

PHASE II: SURGICAL PHASE

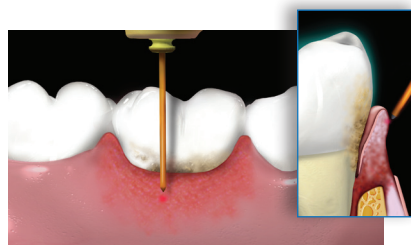
Phase II surgical treatment plan is developed based on the re-evaluation of periodontal inflammation and oral hygiene compliance. The surgical plan can be for a single tooth or multiple teeth sites, a quadrant or half-mouth depending on number of indicated sites. If desired, the half-mouth protocol is generally UR/LR followed by at least 2-3 weeks of post-operative management before treating the UL/LL areas.

Step-by-Step Surgical Procedure

WaterLase**iPlus* Pre-set Settings

1 OUTER POCKET DE-EPITHELIALIZATION

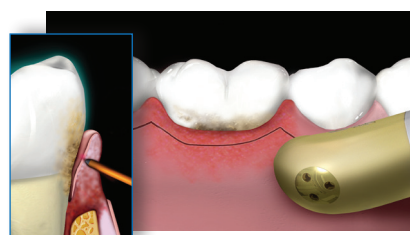
Outer pocket gingival epithelium is removed from the free gingival margin down to a width at least equal to the pocket depth.



Tip: RFTP5
Power: 1.5W
Air/Water: 40% / 50%
Pulse rate: 30 Hz
H mode

2 GINGIVECTOMY (AS NEEDED)

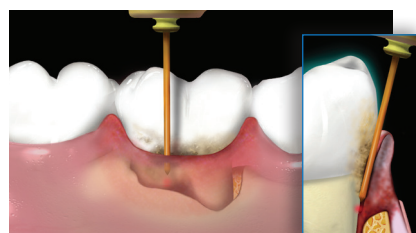
A gingivectomy should only be performed if pseudo-pocketing is present. Ensure you do not compromise adequate attached gingivae.



Tip: RFTP5
Power: 1.5W
Air/Water: 40%/50%
Pulse rate: 30 Hz
H mode

3 DE-EPITHELIALIZATION AND RETRACTION

The pocket epithelium should be removed and should be completed apically, down to bone. The gingival margin can be retracted as a mini flap for access.



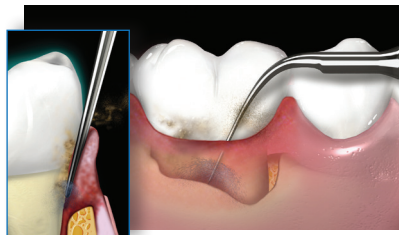
Tip: RFTP5
Power: 1.5W
Air/Water: 40%/50%
Pulse rate: 30 Hz
H Mode

Continued on reverse.

4

SCALING AND ROOT PLANING

Conventional treatment with ultrasonics and hand instruments to remove root surface accretions and/or calculus and to smooth cementum.

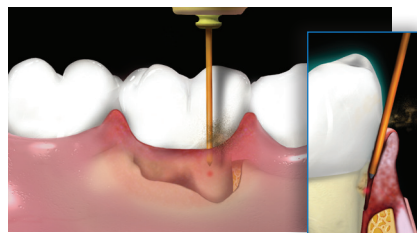


Laser not used

5

SULCULAR DEBRIDEMENT / DEGRANULATION

Remove smear layer created by scaling, along with any residual calculus, and prepare the root surface for reattachment. Remove pocket lining and degranulate to expose bone surface.



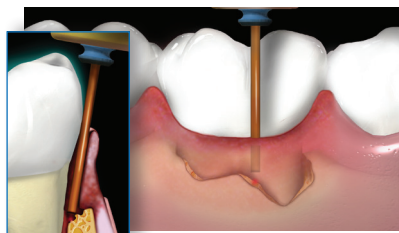
Tip: RFPT5
Power: 1.5W
Air/Water: 40% / 50%
Pulse rate: 30 Hz
H mode

WaterLase*iPlus*
Increase pulse rate to **75 Hz**
for faster calculus removal.

6

BONE DECORTICATION

Recontour osseous defects. Hold tip parallel to root surface and gently tap all the way down to and into bone, retracting slightly and repeating all the way around tooth. If necessary, change angle of the laser tip and treat into the walls of infrabony defects.

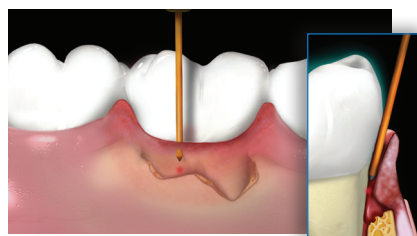


Tip: MZ6
Power: 2.5W
Air/Water: 70% / 80%
Pulse rate: 30 Hz
H mode

7

FINAL SULCULAR DEBRIDEMENT

Remove residual debris and induce blood coagulation.

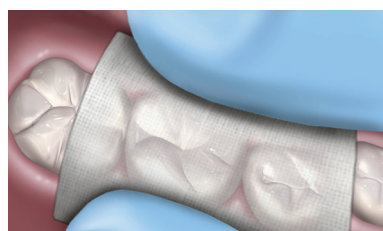


Tip: RFPT5
Power: 1.5W
Air/Water: 10% / 10%
Pulse rate: 30 Hz
H mode

8

COMPRESS WITH 2X2

Compress surgical site with wet 2x2 for 3- 5 minutes.



PHASE III: POST-SURGICAL PHASE

- Immediate post-operative: Brush teeth lightly with soft brush and use mouth rinse to supplement brushing if discomfort exists.
- One week after laser treatment: Gently clean between teeth using an interproximal brush dipped in mouthwash.
- No probing for at least 3 months, at which time a supragingival scaling is completed.

Introducing
the New and Improved
WaterLase*iPlus* 2.0

